

EXHIBIT 19

ROBERT C. BARRETT, CPA
PO BOX 879
PINEHURST, NC 28370
(910) 295-4292

April 4, 2007

Audrey M. Butler
PO Box 519
Pinehurst, NC 28370

Dear Audrey,

Enclosed is your 2006 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balance due of \$2,610.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 17, 2007 to:

INTERNAL REVENUE SERVICE
P.O. BOX 105017
ATLANTA, GA 30348-5017

Enclosed is your 2006 North Carolina Individual Income Tax Return. The original should be signed at the bottom of page one. No tax is payable with the filing of this return.

Mail your North Carolina return on or before April 17, 2007 to:

N.C. DEPARTMENT OF REVENUE
P.O. BOX 25000
RALEIGH, NC 27640-0640

Please be sure to call if you have any questions.

Sincerely,



Robert C Barrett

PLAINTIFFS
EXHIBIT
19-A OFF to MTD

Audrey M. Butler

577-34-3818

	2006	2005	Diff
INCOME			
Interest income.....	10,488	7,739	2,749
Dividend income.....	883	1,108	-225
Capital gain or loss.....	0	4,289	-4,289
Taxable IRA distributions.....	8,021	8,081	-60
Taxable social security benefits.....	744	1,514	-770
Total income.....	20,136	22,731	-2,595
ADJUSTMENTS TO INCOME			
Total adjustments.....	0	0	0
Adjusted gross income.....	20,136	22,731	-2,595
ITEMIZED DEDUCTIONS			
Medical & dental.....	37,085	97	36,988
Taxes.....	4,241	4,259	-18
Contributions.....	500	2,513	-2,013
Total itemized deductions.....	41,826	6,869	34,957
TAX COMPUTATION			
Standard deduction.....	6,400	6,250	150
Larger of itemized or standard deduction.....	41,826	6,869	34,957
Income prior to exemption deduction.....	-21,690	15,862	-37,552
Exemption deduction.....	3,300	3,200	100
Taxable income.....	-24,990	12,662	-37,652
Tax before credits.....	0	998	-998
CREDITS			
Foreign tax credit.....	0	3	-3
Total credits.....	0	3	-3
Tax after credits.....	0	995	-995
OTHER TAXES			
Household employment taxes.....	2,640	0	2,640
Total tax.....	2,640	995	1,645
PAYMENTS			
Credit for federal telephone excise tax.....	30	0	30
Total payments.....	30	0	30
REFUND OR AMOUNT DUE			
Amount you owe.....	2,610	995	1,615
TAX RATES			
Marginal tax rate.....	0.0%	15.0%	-15.0%

19-B

Audrey M. Butler

577-34-3818

	2006	2005	Diff
FEDERAL TAXABLE INCOME			
Federal taxable income.....	-24,990	12,662	-37,652
ADDITIONS TO INCOME			
Deduction/exemption adjustment.....	1,424	1,261	163
Total additions.....	1,424	1,261	163
SUBTRACTIONS FROM INCOME			
S.S. / R.R. benefits.....	744	1,514	-770
Other retirement benefits.....	2,000	2,000	0
Total deductions.....	2,744	3,514	-770
TAX CALCULATION			
Taxable income.....	-26,310	10,409	-36,719
INCOME TAX CALCULATION			
Tax.....	0	626	-626
Total Taxes.....	0	626	-626
PAYMENTS AND CREDITS			
Credit for taxes paid to another state...	0	2	-2
Total credits.....	0	2	-2
Total payments and credits.....	0	2	-2
REFUND OR AMOUNT DUE			
Amount you owe.....	0	624	-624
TAX RATES			
Marginal tax rate.....	6.0%	6.0%	0.0%

19-C

2006

General Information

Page 1

Audrey M. Butler

577-34-3818

Forms needed for this return

Federal: 1040, 1040-V, Sch A, Sch B, Sch H, 1116
North Carolina: D-400

Tax Rates

	<u>Marginal</u>
Federal	0.%
North Carolina	6.0%

Carryovers to 2007

Federal Carryovers

Foreign Tax Credit	31.
AMT Foreign Tax Credit	40.

19-D

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number, daytime phone number, and "2006 Form 1040" on your check or money order. Please do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Make your check payable to the "United States Treasury" and mail Form 1040-V payments with your return to:

Internal Revenue Service
P.O. Box 105017
Atlanta, GA 30348-5017

Form 1040-V (2006)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2006

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	2,610.
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FDIA8601L 06/08/06

1030

AUDREY M. BUTLER
PO BOX 519
PINEHURST NC 28370

INTERNAL REVENUE SERVICE
P.O. BOX 105017
ATLANTA GA 30348-5017

577343818 LN BUTL 30 0 200612 610

19-E

Form **1040** U.S. Individual Income Tax Return **2006**

Department of the Treasury — Internal Revenue Service

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)

Use the IRS label.
Otherwise, please print or type.

Presidential Election Campaign

For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20		OMB No. 1545-0074
Your first name Audrey M.	MI B	Last name Butler
Your social security number 577-34-3818		
If a joint return, spouse's first name MI Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. PO Box 519		Apartment no.
City, town or post office. If you have a foreign address, see instructions. Pinehurst, NC 28370		State ZIP code
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		<input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	Boxes checked on 6a and 6b. 1																																				
b <input type="checkbox"/> Spouse.	No. of children on 6c who:																																				
<table border="1"> <thead> <tr> <th colspan="2">c Dependents:</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</th> <th> <input type="checkbox"/> lived with you. <input type="checkbox"/> did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above. </th> </tr> <tr> <th>(1) First name</th> <th>Last name</th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td><td> </td></tr> </tbody> </table>		c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	<input type="checkbox"/> lived with you. <input type="checkbox"/> did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above.	(1) First name	Last name									<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>	
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(1) First name	Last name																																				
				<input type="checkbox"/>																																	
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				<input type="checkbox"/>																																	
				<input type="checkbox"/>																																	
d Total number of exemptions claimed	1																																				

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	10,488.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	883.
b Qualified dividends (see instrs)	9b	824.
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	8,021.
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	14,190.
b Taxable amount (see instrs)	20b	744.
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22	20,136.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Jury duty pay you gave to your employer	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	0.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	20,136.

19-E

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38 Amount from line 37 (adjusted gross income) 38 20,136.

39a Check ☒ You were born before January 2, 1942, ☐ Blind. Total boxes checked 39a 1
if: ☐ Spouse was born before January 2, 1942, ☐ Blind. 39b

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here. 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 41,826.

41 Subtract line 40 from line 38. 41 -21,690.

42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d. 42 3,300.

43 Taxable income. Subtract line 42 from line 41. 43 0.

If line 42 is more than line 41, enter -0- 44 0.

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972. 44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 45 0.

46 Add lines 44 and 45. 46 0.

47 Foreign tax credit. Attach Form 1116 if required. 47

48 Credit for child and dependent care expenses. Attach Form 2441. 48

49 Credit for the elderly or the disabled. Attach Schedule R. 49

50 Education credits. Attach Form 8863. 50

51 Retirement savings contributions credit. Attach Form 8880. 51

52 Residential energy credits. Attach Form 5695. 52

53 Child tax credit (see instructions). Attach Form 8901 if required. 53

54 Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859. 5455 Other credits. Check applicable box(es): a ☐ Form 3800 55b ☐ Form 8801 c ☐ Form

56 Add lines 47 through 55. These are your total credits. 56

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57 0.

Other Taxes

58 Self-employment tax. Attach Schedule SE. 58

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137. 59

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 60

61 Advance earned income credit payments from Form(s) W-2, box 9. 61

62 Household employment taxes. Attach Schedule H. 62 2,640.

63 Add lines 57-62. This is your total tax. 63 2,640.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099. 64

65 2006 estimated tax payments and amount applied from 2005 return. 65

66a Earned income credit (EIC). 66a

b Nontaxable combat pay election. 66b

67 Excess social security and tier 1 RRTA tax withheld (see instructions). 67

68 Additional child tax credit. Attach Form 8812. 68

69 Amount paid with request for extension to file (see instructions). 69

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 70

71 Credit for federal telephone excise tax paid. Attach Form 8913 if required. 71 30.

72 Add lines 64, 65, 66a, and 67 through 71. 72 30.

These are your total payments.

Refund

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid. 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. 74a

b Routing number. c Type: ☐ Checking ☐ Savings

d Account number.

75 Amount of line 73 you want applied to your 2007 estimated tax. 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions. 76 2,610.

77 Estimated tax penalty (see instructions). 77

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name Robert C Barrett

Phone no. 9102954292

Personal identification number (PIN) 12345

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Homemaker

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

Paid Preparer's Use Only

Preparer's signature Robert C Barrett

Date 4-4-06

Check if self-employed ☒

Preparer's SSN or PTIN

P00370148

Firm's name (or yours if self-employed) Robert C. Barrett, CPA

address, and ZIP code PO Box 879

Pinehurst, NC 28370

EIN 56-1353490

Phone no. (910) 295-4292

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

2006Attachment
Sequence No. **07**▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Audrey M. Butler

Your social security number

577-34-3818**Medical
and
Dental
Expenses****Caution.** Do not include expenses reimbursed or paid by others.**1** Medical and dental expenses (see instructions) **Statement 2****1** 38,595.**2** Enter amount from Form 1040, line 38. **2** 20,136.**3** Multiply line 2 by 7.5% (.075).**3** 1,510.**4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-**4** 37,085.**Taxes You
Paid****5** State and local income taxes**5** 624.**6** Real estate taxes (see instructions)**6** 3,617.**7** Personal property taxes**7**(See
instructions.)**8** Other taxes. List type and amount ▶**8****9** Add lines 5 through 8**9** 4,241.**Interest
You Paid****10** Home mtg interest and points reported to you on Form 1098**10****11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶**11**(See
instructions.)**12** Points not reported to you on Form 1098. See instrs for spcl rules**12****13** Investment interest. Attach Form 4952 if required.
(See instrs.)**13****Note.**
Personal
interest is
not
deductible.**14** Add lines 10 through 13**14** 0.**Gifts to
Charity****15** Gifts by cash or check. If you made any gift of \$250 or more, see instrs**15**If you made
a gift and
got a benefit
for it, see
instructions.**16** Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500. **See Statement 3****16** 500.**17** Carryover from prior year**17****18** Add lines 15 through 17**18** 500.**Casualty and
Theft Losses****19** Casualty or theft loss(es). Attach Form 4684. (See instructions.)**19****19** 0.**Job Expenses
and Certain
Miscellaneous
Deductions****20** Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶**20****21** Tax preparation fees**21** 250.**22** Other expenses — investment, safe deposit box, etc. List type and amount ▶**22****23** Add lines 20 through 22**23** 250.**24** Enter amount from Form 1040, line 38. **24** 20,136.**24****25** Multiply line 24 by 2% (.02)**25** 403.**26** Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-**26** 0.**Other
Miscellaneous
Deductions****27** Other — from list in the instructions. List type and amount ▶**27****27** 0.**Total
Itemized
Deductions****28** Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)?☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.☐ **Yes.** Your deduction may be limited. See instructions for the amount to enter.**28** 41,826.**29** If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ ☐

19-H

Your social security number

577-34-3818

Attachment
Sequence No. 08[illegible]

Form 1116

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service (99)(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

2006

Attachment
Sequence No. 19

Name Audrey M. Butler Identifying number 577-34-3818

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive income d ☐ Shipping income g ☐ Lump-sum distributions
 b ☐ High withholding tax interest e ☒ Dividends from a DISC or former DISC h ☐ Section 901(j) income
 c ☐ Financial services income f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC i ☐ Certain income re-sourced by treaty
 j ☐ General limitation income

k Resident of (name of country) ▶

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
I Enter the name of the foreign country or U.S. possession. ▶ VARIOUS				
1a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 4	55.			1a 55.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	40,702.			
b Other deductions (attach statement)				
c Add lines 3a and 3b.	40,702.			
d Gross foreign source income (see instructions)	55.			
e Gross income from all sources (see instructions)	20,136.			
f Divide line 3d by line 3e (see instructions)	0.0027			
g Multiply line 3c by line 3f.	110.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4b, and 5.	110.			6 110.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2. ▶				7 -55.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(x) Total foreign taxes paid or accrued (add columns (t) through (w))	
		In foreign currency			In U.S. dollars					
		Taxes withheld at source on:			Taxes withheld at source on:			(w) Other foreign taxes paid or accrued		
		(o) Date paid or accrued	(p) Dividends	(q) Rents & royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends			(u) Rents & royalties
A						8.				8.
B										
C										

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶ 8 8.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2006)

FDI22612L 12/01/06

19-J

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	8.	
10	Carryback or carryover (attach detailed computation) See Stmt 5.	10	23.	
11	Add lines 9 and 10.	11	31.	
12	Reduction in foreign taxes (see instructions).	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit.	13		31.
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	14	-55.	
15	Adjustments to line 14 (see instructions).	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	-55.	
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	17		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter '1'.	18		
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37. Caution: If you are completing line 19 for separate category g (lump-sum distributions), see instructions.	19		
20	Multiply line 19 by line 18 (maximum amount of credit).	20		
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions).	21		

Part IV Summary of Credits From Separate Parts III (see instructions)

22	Credit for taxes on passive income.	22		
23	Credit for taxes on high withholding tax interest.	23		
24	Credit for taxes on financial services income.	24		
25	Credit for taxes on shipping income.	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC.	26		
27	Credit for taxes on lump-sum distributions.	27		
28	Credit for taxes on certain income re-sourced by treaty.	28		
29	Credit for taxes on general limitation income.	29		
30	Add lines 22 through 29.	30		
31	Enter the smaller of line 19 or line 30.	31		
32	Reduction of credit for international boycott operations. See instructions for line 12.	32		
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	33		

19-K

Form 1116

Alternative Minimum Tax

Foreign Tax Credit

OMB No. 1545-0121

2006

Attachment
Sequence No. 19Department of the Treasury
Internal Revenue Service (99)(Individual, Estate, or Trust)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

Name Audrey M. Butler Identifying number 577-34-3818

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Passive income d ☐ Shipping income g ☐ Lump-sum distributions
b ☐ High withholding tax interest e ☒ Dividends from a DISC or former DISC h ☐ Section 901(j) income
c ☐ Financial services income f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC i ☐ Certain income re-sourced by treaty
j ☐ General limitation income

k Resident of (name of country) ▶

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
I Enter the name of the foreign country or U.S. possession ▶ VARIOUS				
1a Gross income from sources within country shown above and of the type checked above (see instructions): See Statement 6	55.			1a 55.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	36,582.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	36,582.			
d Gross foreign source income (see instructions)	55.			
e Gross income from all sources (see instructions)	20,136.			
f Divide line 3d by line 3e (see instructions)	0.0027			
g Multiply line 3c by line 3f	99.			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use worksheet in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	99.			6 99.
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 ▶				7 -44.

Part II Foreign Taxes Paid or Accrued (see instructions)

COUNTRY	Credit is claimed for taxes (you must check one) (m) <input checked="" type="checkbox"/> Paid (n) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(x) Total foreign taxes paid or accrued (add columns (t) through (w))
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				Taxes withheld at source on:				
		(o) Date paid or accrued	(p) Dividends	(q) Rents & royalties	(r) Interest	(s) Other foreign taxes paid or accrued	(t) Dividends	(u) Rents & royalties	(v) Interest	(w) Other foreign taxes paid or accrued
A						8.				8.
B										
C										

8 Add lines A through C, column (x). Enter the total here and on line 9, page 2 ▶ 8 8.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (2006)

FDIZ2612L 12/01/06

19-L

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9	8.	
10	Carryback or carryover (attach detailed computation) See Stmt 7.	10	32.	
11	Add lines 9 and 10.	11	40.	
12	Reduction in foreign taxes (see instructions).	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit.	13		40.
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	14	-44.	
15	Adjustments to line 14 (see instructions).	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.)	16	-44.	
17	Individuals: Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). Estates and trusts: Enter your taxable income without the deduction for your exemption. Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	17		
18	Divide line 16 by line 17. If line 16 is more than line 17, enter '1'.	18		
19	Individuals: Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37. Caution: If you are completing line 19 for separate category g (lump-sum distributions), see instructions.	19		
20	Multiply line 19 by line 18 (maximum amount of credit).	20		
21	Enter the smaller of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions).	21		

Part IV Summary of Credits From Separate Parts III (see instructions)

22	Credit for taxes on passive income.	22		
23	Credit for taxes on high withholding tax interest.	23		
24	Credit for taxes on financial services income.	24		
25	Credit for taxes on shipping income.	25		
26	Credit for taxes on dividends from a DISC or former DISC and certain distributions from a FSC or former FSC.	26		
27	Credit for taxes on lump-sum distributions.	27		
28	Credit for taxes on certain income re-sourced by treaty.	28		
29	Credit for taxes on general limitation income.	29		
30	Add lines 22 through 29.	30		
31	Enter the smaller of line 19 or line 30.	31		
32	Reduction of credit for international boycott operations. See instructions for line 12.	32		
33	Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Form 1040, line 47; Form 1040NR, line 44; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a.	33		

19-m

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of employer

Household Employment Taxes
(For Social Security, Medicare, Withheld Income, and
Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**
▶ **See separate instructions.**

OMB No. 1545-1971

2006

Attachment
Sequence No. **44**

Social security number

577-34-3818

Employer identification number

20-8710335

Audrey M. Butler

A Did you pay **any one** household employee cash wages of \$1,500 or more in 2006? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- ☒ **Yes.** Skip lines B and C and go to line 1.
☐ **No.** Go to line B.

B Did you withhold federal income tax during 2006 for any household employee?

- ☐ **Yes.** Skip line C and go to line 5.
☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2005 or 2006 to **all** household employees? (**Do not** count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Do not file this schedule.
☐ **Yes.** Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2006 **do not** have to complete this form for 2006).

Part I Social Security, Medicare, and Income Taxes

1	Total cash wages subject to social security taxes (see instructions)	1	16,464.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2	2,042.	
3	Total cash wages subject to Medicare taxes (see instructions)	3	16,464.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4	477.	
5	Federal income tax withheld, if any	5		
6	Total social security, Medicare, and income taxes (add lines 2, 4, and 5)	6	2,519.	
7	Advance earned income credit (EIC) payments, if any	7		
8	Net taxes (subtract line 7 from line 6)	8	2,519.	

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2005 or 2006 to household employees? (**Do not** count cash wages paid in 2005 or 2006 to your spouse, your child under age 21, or your parent.)

- ☐ **No. Stop.** Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions.
☒ **Yes.** Go to line 10 on page 2.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Schedule H (Form 1040) 2006

19-N

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Are you required to pay unemployment contributions to only one state?	10 X	
11 Did you pay all state unemployment contributions for 2006 by April 16, 2007? Fiscal year filers, see instructions	11 X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the 'Yes' box on all the lines above, complete Section A.
If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	NC	
14 State reporting number as shown on state unemployment tax return	04-22-115	
15 Contributions paid to your state unemployment fund (see instructions)	15	198.
16 Total cash wages subject to FUTA tax (see instructions)	16	15,076.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26.	17	121.

Section B

18 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-.	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals						19			
20 Add columns (h) and (i) of line 19.						20			
21 Total cash wages subject to FUTA tax (see the line 16 instructions)							21		
22 Multiply line 21 by 6.2% (.062).							22		
23 Multiply line 21 by 5.4% (.054).						23			
24 Enter the smaller of line 20 or line 23.							24		
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26.							25		

Part III Total Household Employment Taxes

26 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-.	26	2,519.
27 Add line 17 (or line 25) and line 26.	27	2,640.

28 Are you required to file Form 1040?
☒ **Yes.** Stop. Enter the amount from line 27 above on Form 1040, line 62.
Do not complete Part IV below.
☐ **No.** You may have to complete Part IV. See instructions.

Part IV Address and Signature — Complete this part only if required. See the line 28 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address

Apt, room, or suite number

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date

19-0

Audrey M. Butler

577-34-3818

Statement 5
Form 1116, Line 10
Foreign Tax Credit Carryovers

Dividends from a DISC

	Foreign Taxes Paid	Foreign Taxes Disallowed	Foreign Taxes Claimed	Foreign Tax Credit Carryover
2005 Foreign tax credit	8.	0.	3.	5.
2004 Foreign tax credit	6.	0.	2.	4.
2003 Foreign tax credit	5.	0.	2.	3.
2002 Foreign tax credit	0.	0.	0.	11.
2001 Foreign tax credit	0.	0.	0.	0.
2000 Foreign tax credit	0.	0.	0.	0.
1999 Foreign tax credit	0.	0.	0.	0.

Total Foreign Tax Credit Carryover - Form 1116, Line 10 \$ 23.

Statement 6
Form 1116, Line 1a - Dividends from a DISC (AMT)
Gross Income From Sources Outside U.S.

Dividends.....		-220.
Gross Foreign Source Qualified Dividends.....	275.	
Net Foreign Source Qualified Dividends.....		275.
Total	\$	<u>55.</u>

Statement 7
Form 1116, Line 10
Foreign Tax Credit Carryovers

Dividends from a DISC - AMT

	Foreign Taxes Paid	Foreign Taxes Disallowed	Foreign Taxes Claimed	Foreign Tax Credit Carryover
2005 Foreign tax credit	8.	0.	0.	8.
2004 Foreign tax credit	6.	0.	0.	6.
2003 Foreign tax credit	5.	0.	0.	5.
2002 Foreign tax credit	0.	0.	0.	13.
2001 Foreign tax credit	0.	0.	0.	0.
2000 Foreign tax credit	0.	0.	0.	0.
1999 Foreign tax credit	0.	0.	0.	0.

Total Foreign Tax Credit Carryover - Form 1116, Line 10 \$ 32.

19-P

Individual Income Tax Return 2006

< Staple W-2s Here

North Carolina Department of Revenue

For calendar year 2006, or other tax year starting		and ending		NC Public Campaign Fund Select 'Yes' if you want to designate \$3 of taxes to this special Fund for voter education materials and for candidates who accept spending limits. Selecting 'Yes' does not change your tax or refund.	
AUDREY M BUTLER PO BOX 519 PINEHURST NC 28370 MOORE		Your SSN: 577343818 Spouse's SSN:		You <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	
Filing Status Year spouse died: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married Filing Jointly <input type="checkbox"/> 3 Married Filing Separately <input type="checkbox"/> 4 Head of Household <input type="checkbox"/> 5 Widow(er) with Dependent Child </div> <div> <input type="checkbox"/> Select box if you or your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator. </div> </div>		Number of Exemptions Claimed: 01 <input type="checkbox"/> Return for deceased taxpayer Date of death: <input type="checkbox"/> Return for deceased spouse Date of death:		NC Political Parties Financing Fund Select appropriate box if you want to designate \$3 to this fund. Your tax remains the same whether or not you make a designation.	
Select box if you or your spouse were a nonresident of NC for the entire year. Select box if you or your spouse moved into or out of NC during the year.		You Spouse <input type="checkbox"/> <input type="checkbox"/>		You Your Spouse <input type="checkbox"/> Democratic <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Republican <input type="checkbox"/> Unspecified <input type="checkbox"/> Unspecified	

For Computer Use Only

FS	1	EX	01	PP	Y	DT	N	DS	N	OC	N	EA	N
BUTL	PO B	28370				NRT	N	NRS	N	PYT	N	PYS	N
AUDREY		M BUTLER						577343818		PCT	Y	PFT	0
										PCS		PFS	0
PO BOX 519						PINEHURST				NC	28370		
AGI	20136	20C			0	30		3750	42		0		
06	-24990	20D			0	32		624	43		2000		
07	1424	22A			0	33		624	44		0		
09	2744	22C			0	34		800	45		0		
15	0	EU				35		0	46		0		
17	0	23			0	36		0	48		0		
19A	0	25			0	37		0	49		0		
19B	0	26			0	39		0					
20A	0	28			0	40		0					
20B	0	29			41826	41		744					
TN		PN	9102954292		PP	P00370148							

NCDOR Use Only

Sign Return Below

☐ Refund Due☐ Payment Due

I certify that, to the best of my knowledge, this return is accurate and complete.

If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.

Your Signature

Date

Spouse's Signature (If filing joint return, both must sign.)

Date

Home Telephone Number (Include area code)

ROBERT C BARRETT

Paid Preparer's Signature

P00370148

Paid Preparer's FEIN, SSN, or PTIN

4-4-06

Date

(910) 295-4292

Paid Preparer's Telephone Number

If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, NC 27640-0640

If REFUND mail to: NCDOR, P.O. Box R, Raleigh, NC 27634-0001

NCIA0312L 12/19/06

Last Name (First 10 Characters) BUTLER

Your Social Security Number 577343818

D-400 Line-by-Line Information

AGI Federal Adjusted Gross Income	AGI	20136
6 Taxable Income from Federal Return	6.	-24990
7 Additions to Federal Taxable Income	7.	1424
8 Add Lines 6 and 7	8.	-23566
9 Deductions from Federal Taxable Income	9.	2744
10 Line 8 minus Line 9	10.	-26310
11 Same as Line 10	11.	-26310
12 Part-year residents and nonresidents	12.	0.0000
13 N.C. Taxable Income	13.	-26310
14 N.C. Income Tax	14.	0
15 Tax Credits	15.	0
16 Line 14 minus Line 15	16.	0
17 Consumer Use Tax	17.	0
18 Add Lines 16 and 17	18.	0

North Carolina Income Tax Withheld

19a Your Income Tax Withheld	19a.	0
19b Spouse's Income Tax Withheld	19b.	0

Other Tax Payments

20a 2006 Estimated Tax	20a.	0
20b Paid with Extension	20b.	0
20c Partnership	20c.	0
20d S Corporation	20d.	0
21 Add Lines 19a through 20d	21.	0
22a If Line 18 is more than Line 21, subtract and enter the result	22a.	0
22b Penalties and interest	22b.	0
EU Exception to underpayment of estimated tax	EU	
22c Underpayment of estimated income tax	22c.	0
23 Pay this Amount	23.	0
24 If Line 18 is less than Line 21, subtract and enter the result	24.	0

Amount of Refund to Apply to:

25 Amount of Line 24 to be applied to 2007 Estimated Income Tax	25.	0
26 N.C. Nongame and Endangered Wildlife Fund	26.	0
27 Add Lines 25 and 26	27.	0
28 Amount to be Refunded	28.	0

Additions to Federal Taxable Income

29 Itemized deductions or standard deduction from your federal return	29.	41826
30 N.C. standard deduction		
<div style="border: 1px solid black; padding: 5px;"> Single \$3,000; Head of household \$4,400; Qualifying widow(er) \$6,000; Married filing jointly \$6,000; Married filing separately: If your spouse does NOT claim itemized deductions \$3,000; If your spouse claims itemized deductions \$0 </div>		
NOTE: If 65 or older or blind or if someone can claim you as a dependent, see worksheet	30.	3750
31 Line 29 minus line 30 — Amount cannot be less than zero	31.	38076
32 State, local, and foreign income taxes or general sales taxes	32.	624
33 If standard deduction, enter amount from Line 31. If itemizing, enter Line 31 or 32, whichever is less	33.	624
34 Personal exemption adjustment	34.	800
35 Interest income from other states	35.	0
36 Adjustment for domestic production activities (See instructions)	36.	0
37 Other federal taxable income additions	37.	0
38 Total additions	38.	1424

Deductions from Federal Taxable Income

39 State or local income tax refund	39.	0
40 Interest income from obligations of US or US' possessions	40.	0
41 Social Security and Railroad Retirement Benefits	41.	744
42 Bailey settlement retirement benefits	42.	0
43 Other retirement benefits	43.	2000
44 Severance wages	44.	0
45 Adjustment for additional first-year depreciation added back in 2002, 2003, and 2004 (See instructions)	45.	0
46 Other federal taxable income deductions	46.	0
47 Total deductions	47.	2744

Nonresidents and Part-Year Residents

48 NC source income while a nonresident and all income while a part-year NC resident	48.	0
49 Total income from all sources	49.	0
50 Divide Line 48 by Line 49	50.	0.0000

N.C. Residency Dates for Part-Year Residents

	Beginning	Ending
Taxpayer:		
Spouse:		

19-R

**ROBERT C. BARRETT, CPA
25 COMMUNITY ROAD
PO BOX 879
PINEHURST, NC 28370**

April 4, 2007

Patricia
~~Barbara~~ Guin
613 Macon Place
Raleigh, NC 27609


Dear Mrs. Guin:

Enclosed are the payroll forms for the fourth quarter of 2006 inclusive of the W2s and W3. These forms need to be mailed immediately to the respective agencies of which envelopes are enclosed. There is an amount due to the Employment Security Commission in the amount of \$197.57 for the quarter ending 12/31/07. There is also an amount due for the quarter ending 3/31/07 in the amount of \$254.44. These need to be mailed with separate checks. The red copies of the W2 and W3 need to be mailed in the envelope provided.

You will be receiving a packet from the Employment Security Commission some time soon. Please forward it to us as it contains information we will need to file future returns.

Please feel free to call should you have any questions.

Sincerely,



Bridget Gulka
Tax Assistant

19-S

a Control number		33333		For Official Use Only ▶ OMB No. 1545-0008	
b Kind of Payer		941 <input type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input checked="" type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		1 Wages, tips, other compensation 17723.49 2 Federal income tax withheld 3 Social security wages 16464.00 4 Social security tax withheld 1020.76 5 Medicare wages and tips 16464.00 6 Medicare tax withheld 238.73 7 Social security tips 8 Allocated tips 9 Advance EIC payments 10 Dependent care benefits 11 Nonqualified plans 12 Deferred compensation 13 For third-party sick pay use only 14 Income tax withheld by payer of third-party sick pay	
c Total number of Forms W-2		d Establishment number			
e Employer identification number (EIN)		f Employer's name		g Employer's address and ZIP code	
20-8710335		AUDREY-M. BUTLER		613 MACON PLACE	
h Other EIN used this year		i State		j Employer's state ID number	
		NC			
k Contact person		l Telephone number		m For Official Use Only	
BARBARA GUIN		() 919-881-0092			
n Email address		o Fax number			
		()			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶ DAUGHTER

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements****2006**39-1908647 Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.
Photocopies are not acceptable.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

What's New

New checkbox for box b on Form W-3. Use the "944" checkbox in box b if you file Form 944, Employer's Annual Federal Tax Return. Form 944 for 2006 is a newly developed form.

Magnetic media filing is discontinued. The Social Security Administration (SSA) will no longer accept any magnetic media reporting of Forms W-2.

Reminder

Separate instructions. See the 2006 Instructions for Forms W-2 and W-3 for information on completing this form.

Purpose of Form

Use Form W-3 to transmit Copy A of Form(s) W-2, Wage and Tax Statement. Make a copy of Form W-3 and keep it with Copy D (For Employer) of Form(s) W-2 for your records. Use Form W-3 for the correct year. **File Form W-3 even if only one Form W-2 is being filed.** If you are filing Form(s) W-2 electronically, do not file Form W-3.

When To File

File Form W-3 with Copy A of Form(s) W-2 by February 28, 2007.

Where To File

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001**

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

19-T

a Control number 1		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 20-8710335				1 Wages, tips, other compensation 5425.56		2 Federal income tax withheld	
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE RALEIGH NC 27609				3 Social security wages 5040.00		4 Social security tax withheld 312.48	
				5 Medicare wages and tips 5040.00		6 Medicare tax withheld 73.08	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 681-01-7065				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial MARY		Last name CHEGE		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code 4230 LYNN POINT LANE APT F RALEIGH NC 27613				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State Employer's state ID number NC		16 State wages, tips, etc. 5425.56		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement

2006

39-1908647 Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see back of Copy D.

Copy A For Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

a Control number 2		22222		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) 20-8710335				1 Wages, tips, other compensation 9029.68		2 Federal income tax withheld	
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE RALEIGH NC 27609				3 Social security wages 8388.00		4 Social security tax withheld 520.05	
				5 Medicare wages and tips 8388.00		6 Medicare tax withheld 121.63	
				7 Social security tips		8 Allocated tips	
d Employee's social security number 239-66-5495				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial ELSIE		Last name MCKEITHAN		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code 511 E. MARTIN ST APT 206 RALEIGH NC 27601				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
15 State Employer's state ID number NC		16 State wages, tips, etc. 9029.68		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form W-2 Wage and Tax Statement

2006

39-1908647 Department of the Treasury—Internal Revenue Service
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a Control number 3 22222		Void <input type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 20-8710335			1 Wages, tips, other compensation 3268.25		2 Federal income tax withheld
c Employer's name, address, and ZIP code AUDREY M. BUTLER 613 MACON PLACE RALEIGH NC 27609			3 Social security wages 3036.00		4 Social security tax withheld 188.23
			5 Medicare wages and tips 3036.00		6 Medicare tax withheld 44.02
			7 Social security tips		8 Allocated tips
			9 Advance EIC payment		10 Dependent care benefits
d Employee's social security number 408-58-9627			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial GARRIE J.		Last name WEBB	Suff.		12b
f Employee's address and ZIP code 1741 MOORE MOUNTAIN RD PITTSBORO NC 27312			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c
			14 Other		12d
15 State Employer's state ID number NC		16 State wages, tips, etc. 3268.25	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form W-2 Wage and Tax Statement

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a Control number 22222		Void <input checked="" type="checkbox"/>		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld
			5 Medicare wages and tips		6 Medicare tax withheld
			7 Social security tips		8 Allocated tips
			9 Advance EIC payment		10 Dependent care benefits
d Employee's social security number			11 Nonqualified plans		12a See instructions for box 12
e Employee's first name and initial		Last name	Suff.		12b
f Employee's address and ZIP code			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c
			14 Other		12d
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form W-2 Wage and Tax Statement

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